The Regulation and Quality Improvement Authority

Inspection Report

14 April 2023

T-Gem Healthcare

Type of service: Domiciliary Care Agency
Address: 17 Main Street, Dundrum, BT33 0LU
Telephone number: 028 4372 4377

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation/Registered Provider: T-Gem Healthcare Ltd **Responsible Individual:** Ms. Jennifer Speers	**Registered Manager:** Ms. Jennifer Speers **Date registered:** 28 June 2022
Person in charge at the time of inspection: Ms. Jennifer Speers	
Brief description of the accommodation/how the service operates: This is a domiciliary care agency which provides personal care and housing support to 79 older people, people who have a learning disability and people with enduring mental health problems. The service is delivered within the Belfast Health and Social Care Trust (BHSCT), South Eastern Health and Social Care Trust (SEHSCT) and Southern Health and Social Care Trust (SHSCT) areas. Service users are supported by a team of 26 staff.	

2.0 Inspection summary

An announced inspection took place on 14 April 2023 between 11.00 a.m. and 4.15 p.m. The inspection was conducted by a care inspector.

The inspection examined the agency's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training and adult safeguarding. The reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), service user involvement, restrictive practices, Dysphagia management and Covid-19 guidance was also reviewed.

Good practice was identified in relation to service user involvement.

Areas for improvement identified related to dysphagia training, monitoring of the Northern Ireland Social Care Council (NISCC) register and an index of domiciliary care workers available for supply.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement.

It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

In preparation for this inspection, a range of information about the service was reviewed. This included any registration information and any other written or verbal information received from service users, relatives, staff or the Commissioning Trust.

As a public-sector body, RQIA has a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will seek assurances from providers that they take all reasonable steps to promote people's rights. Users of domiciliary care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience the individual choices and freedoms associated with any person living in their own home.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included questionnaires and an electronic survey.

4.0 What did people tell us about the service?

During the inspection we spoke with a number of service users, relatives and staff members.

The information provided indicated that there were no concerns in relation to the agency.

Comments received included:

Service user's comments:

- "I'm very happy with my care. My carer goes above and beyond."

Service user's representative's comments:

- "We have no issues with TGem. They do a good job."

Staff comments:

- "I love working for TGem…. the office staff are all so supportive...the training is excellent…I am all up to date…I know what to do if I had a safeguarding concern…. I feel the care provided is safe."
- "I started recently…I have no issues…my induction and training were great…they gave me a lot of confidence…the care is sound."

No responses were received to the questionnaires or electronic survey.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since the last inspection?

The last care inspection of the agency was undertaken on 7 June 2022 by a care inspector. No areas for improvement were identified.

5.2 Inspection findings

5.2.1 What are the systems in place for identifying and addressing risks?

The agency's provision for the welfare, care and protection of service users was reviewed. The organisation's adult safeguarding policy and procedures were reflective of the Department of Health's (DoH) regional policy and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC). The agency's annual Adult Safeguarding Position report was reviewed and found to be satisfactory.

Discussions with the manager established that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting and managing adult safeguarding concerns.

Staff were required to complete adult safeguarding training during induction and every two years thereafter. Staff who spoke with the inspector had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse and the process for reporting concerns in normal business hours and out of hours.

The manager was aware that RQIA must be informed of any safeguarding incident that is reported to the Police Service of Northern Ireland (PSNI).

The manager reported that none of the service users currently required the use of specialised equipment. They were aware of how to source such training should it be required in the future.

Care reviews had been undertaken in keeping with the agency's policies and procedures. There was also evidence of regular contact with service users and their representatives, in line with the commissioning trust's requirements.

All staff had been provided with training in relation to medicines management.

The Mental Capacity Act (MCA) provides a legal framework for making decisions on behalf of service users who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, service users make their own decisions and are helped to do so when needed. When service users lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff who spoke with the inspector demonstrated their understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act (MCA).

Staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. The manager reported that none of the service users were subject to DoLS.

5.2.2 What are the arrangements for promoting service user involvement?

From reviewing service users' care records, it was good to note that service users had an input into devising their own plan of care. The service users' care plans contained details about their likes and dislikes and the level of support they may require. Care and support plans are kept under regular review and services users and /or their relatives participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur.

5.2.3 What are the systems in place for identifying service users' Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

New standards for modifying food and fluids were introduced in August 2018. This was called the International Dysphagia Diet Standardisation Initiative (IDDSI)

A number of service users were assessed by SALT with recommendations provided and some required their food and fluids to be of a specific consistency. A review of training records confirmed that a number of staff had not completed Dysphagia training. This was identified as an area for improvement.

Staff implemented the specific recommendations of the SALT to ensure the care received in the setting was safe and effective. Staff demonstrated a good knowledge of service users' wishes, preferences and assessed needs. These were recorded within care plans along with associated SALT dietary requirements.

5.2.4 What systems are in place for staff recruitment and are they robust?

A review of the agency's staff recruitment records confirmed that all pre-employment checks, including criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users.

The manager was requested to review the several aspects of the documentation relating to staff interviews. This will be followed up at the next inspection.

As part of the recruitment process, checks were made to ensure that staff were appropriately registered with NISCC. Despite this, it could not be evidenced that there was regular, on-going monitoring of staffs' NISCC registration. This has been identified as an area for improvement.

There was an absence of an up to date, alphabetical index of staff supplied or available for supply by the agency. This has been identified as an area for improvement.

There were no volunteers working in the agency.

5.2.5 What are the arrangements for staff induction and are they in accordance with NISCC Induction Standards for social care staff?

There was evidence that all newly appointed staff had completed a structured orientation and induction, having regard to NISCC's Induction Standards for new workers in social care, to ensure they were competent to carry out the duties of their job in line with the agency's policies and procedures. There was a robust, structured, three-day induction programme which also included shadowing of a more experienced staff member.

The agency has maintained a record for each active member of staff of all training, including induction and professional development activities undertaken.

5.2.6 What are the arrangements to ensure robust managerial oversight and governance?

There were monitoring arrangements in place in compliance with Regulations and Standards. A review of the reports of the agency's quality monitoring established that there was engagement with service users, service users' relatives, staff and HSC Trust representatives. The reports included an overview of service user care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements. The manager was requested to expand on the detail within some areas of the reports. This will be reviewed at the next inspection.

The Annual Quality Report was reviewed and was satisfactory.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAIs) or Significant Event Audits (SEAs) procedures.

The agency's registration certificate was up to date and displayed appropriately along with current certificates of public and employers' liability insurance.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. Where complaints were received since the last inspection, these were appropriately managed and were reviewed as part of the agency's quality monitoring process.

The Statement of Purpose required updating with RQIA's contact details. This has been revised by the manager.

There was a system in place to ensure that records were retrieved from discontinued packages of care in keeping with the agency's policies and procedures.

Where staff are unable to gain access to a service user's home, there is an operational procedure in place that clearly directs staff from the agency as to what actions they should take to manage and report such situations in a timely manner.

6.0 Quality Improvement Plan (QIP)/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007

	Regulations	Standards
Total number of Areas for Improvement	3	0

The areas for improvement and details of the QIP were discussed with Ms Jennifer Speers, Registered Individual. The timescales for completion commence from the date of inspection.

Quality Improvement Plan

Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007	
Area for improvement 1 **Ref:** Regulation 16(2)(a) **Stated:** First time **To be completed by:** Immediate and ongoing from the date of inspection	The registered person shall ensure that each employee of the agency receives training and appraisal which are appropriate to the work he is to perform. This relates specifically to Dysphagia training Ref: 5.2.3
	Response by registered person detailing the actions taken: All dysphisa training upto date and completed by all staff
Area for improvement 2 **Ref:** Regulation 13(d) **Stated:** First time **To be completed by:** Immediate and ongoing from the date of inspection	The registered person shall ensure that a system is developed and implemented to demonstrate robust, regular and on-going oversight of staffs' NISCC registrations. Ref: 5.2.4
	Response by registered person detailing the actions taken: System updated and new process in place
Area for improvement 3 **Ref:** Regulation 21(1)(c) S **Stated:** First time **To be completed by:** Immediate and ongoing from date of inspection	The registered person shall ensure an alphabetical index of domiciliary care workers supplied or available for supply by the agency, including any serial number assigned to them, is available for inspection at the agency premises by any person authorised by RQIA. Ref: 5.2.4
	Response by registered person detailing the actions taken: New digital system updated to reflect alphabetical index of all staff

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The Regulation and Quality Improvement Authority
James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
@RQIANews